

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 15 1959

59-015037

Registration District No.

Primary Registration District No.

STATE FILE NUMBER
4202

| | | | |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis | | c. CITY OR TOWN Hillsdale 4161 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital | | d. STREET ADDRESS 6415 Curtis Avenue | |
| Length of stay in lb 4 days | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First Middle Last GEORGE WASHINGTON GRAVES | | Month Day Year April 28, 1959 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 19, 1894 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector | | 10b. KIND OF BUSINESS OR INDUSTRY Star Mfg. Co. | 9. AGE (In years last birthday) 65 FUNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min. |
| 11. BIRTHPLACE (City and state or country) Equality, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Graves | | 13b. MOTHER'S MAIDEN NAME Anna Tittsworth | |
| 14. NAME OF HUSBAND OR WIFE Minnie Graves | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give dates of service) no none | |
| 16. SOCIAL SECURITY NO. 492-05-7672 | | 17. INFORMANT Mrs. Minnie Graves, 6415 Curtis Ave | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction arteriosclerosis antennosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 3 days 420.1 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) c | | 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | 21. I attended the deceased from 4-1-55 to 4-28-59 and last saw her alive on 4-27-59 Death occurred at 8 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE C.J. Fuchs (Degree or title) M.D. | | 22b. ADDRESS 608 Kingsland | |
| 22c. DATE SIGNED 4-28-59 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 23b. DATE April 30, 1959 | | 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens | |
| 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri. | | 24. FUNERAL DIRECTOR Shepard Funeral Home, 1167 Hamilton Ave | |
| 25. DATE RECD. BY LOCAL REG. APR 29 59 | | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL DISSEMINATED IN PART I MUST BE CAUSALLY RELATED.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3653
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.